

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration submittedwith Initial Filing  
**UNEXECUTED**☒ Declaration  
Submitted after Initial  
Filing (surcharge  
37 CFR 1.16 (e))  
required)

Attorney Docket Number

PC11862A

First Named Inventor

Bruce A. Hay

COMPLETE IF KNOWN

Application Number

09/747,437

Filing Date

December 21, 2000

Group Art Unit

1615

Examiner Name

Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SOMATOSTATIN ANTAGONISTS AND AGONISTS THAT ACT AT THE SST SUBTYPE 2 RECEPTOR**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on

December 21, 2000

as United States Application Number or PCT International

Application Number 09/747,437 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/151,830	September 1, 1999	

**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/618,029	07/17/2000	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number  
or

Place Customer  
Number Bar Code  
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	A. Dean Olson	31,185
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Adrian G. Looney	41,406	Deborah A. Martin	44,222
A. David Joran	37,858	Jeffrey N. Myers	41,213
Lawrence C. Akers	28,587	Elsa Djuardi	45,963

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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or Bar Code Label

OR ☒ Correspondence address below

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I hereby declare, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Bruce A.

Hay

Inventor's  
Signature

Date

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Citizenship

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Zip

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☐ Additional inventors are being named on the \_\_\_\_\_ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



36104-3 MAR 22 2001 PATENT & TRADEMARK OFFICE <b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Anthony P.				Ricketts			
Inventor's Signature		<i>(X) Anthony P. Ricketts</i>				Date	
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Post Office Address							
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City		Stonington		State		CT	
				Zip		06355	
				Country		USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Bridget M.				Cole			
Inventor's Signature		<i>(X) Bridget M. Cole</i>				Date	
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				Country		USA	
Post Office Address							
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City		Stonington		State		CT	
				Zip		06378	
				Country		USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				Zip			
				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				Zip			
				Country			